MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		1				
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45						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							